

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048232
6769 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED DEC 27 1963

VS 300 Rev. 4/59	DATE AMENDED	DATE AMENDED
1	12-13-1963	12-13-1963
2 7091-	12-13-1963	12-13-63
3		
4 0		
5 2		
6		
7 1		
8 2		
9 4200		
10		
11		
12 77-0		
13		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

INDEPENDENCE, Mo.
Steven P. Russell
45 yrs.
Funeral Director

Blue Springs, Mo.
Stephen P. Russell
2 days
BY AFFIDAVIT OF James J. Melloy

Robert Mosser

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson c. CITY OR TOWN Blue Springs Independence, Mo d. STREET ADDRESS (If outside, give location) 331 W Sea Av	
3. NAME OF DECEASED (Type or print) First Stephen Middle Steven Last P. Russell		4. DATE OF DEATH Month 12 Day 11 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-30-1883
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. FATHER'S NAME Michael J. Russell		13b. MOTHER'S MAIDEN NAME Mary Ellen Brennen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
11. BIRTHPLACE (City and state or country) Armourdale, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.	
14. NAME OF HUSBAND OR WIFE Mary Russell		17. INFORMANT Address Mrs. Elmer Hilden, 1108 Savage, Indep.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Coronary Occlusion DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 10 yrs		INTERVAL BETWEEN ONSET AND DEATH 10 min 10 min 10 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatoid Arthritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [redacted] a.m. [redacted] p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 12-9-1963 to 12-11-1963 and last saw him alive on 12-11-1963 Death occurred at 8:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Robert Mosser MD 22b. ADDRESS Independence, Mo 22c. DATE SIGNED 12-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-14-1963	23c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR ADDRESS Melloy-McGilley-Eylar Funeral Home		25. DATE RECD. BY LOCAL REG. 12-13-63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gerald A. Burger

Licensed Embalmer No.

4763

P. O. Address

*9648 Roe Ave
Overland Park, Kans.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.